

Affidavit Claiming Lost, Destroyed, Not Received, or Stolen State Treasurer's Warrant

Issued under the authority of Public Act 174 of 1962. Filing is mandatory.

1. Undeliverable <input type="checkbox"/> Stop Voided and Rewrite Accepted	2. Disp. Code U-	3. CIMS Transaction Number
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PART 1: ORIGINAL WARRANT INFORMATION

4. Bank ID/Warrant Number	5. Warrant Date	6. Warrant Amount	7. Original Payee Name(s)
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PART 2: CASE AND PROVIDER/VENDOR INFORMATION

8. Case Number	9. Case Name	10. Program
11. Provider/Vendor Number	12. Provider/Vendor Name	

PART 3: REASON FOR STOP (Check only one)

13. <input type="checkbox"/> 1- Lost <input type="checkbox"/> 2- Stolen	Was loss reported to local police? <input type="checkbox"/> Yes <input type="checkbox"/> No Was warrant endorsed by the payee? <input type="checkbox"/> Yes <input type="checkbox"/> No
14. <input type="checkbox"/> 5- Not Received	Was local Post Office contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
15. <input type="checkbox"/> 6- Destroyed	16. <input type="checkbox"/> 8- Other (Explain and forward to Central Office)

PART 4: MAILING REWRITE INFORMATION

17. First Payee Name (Last, First, MI)	18. Second Payee Name (Services Only)		
19. Send Replacement to Local Office? <input type="checkbox"/> Yes <input type="checkbox"/> No	20. In Care Of/Apt. Number, or for Vendor Warrants, Case Name		
21. Delivery Address (Number and Street or P.O. Box)	22. City	23. State	24. ZIP Code
25. Worker Signature Date	26. Worker Load Number	27. Worker Telephone Number	
28. Supervisor Signature		Date	

PART 5: AFFIDAVIT

29. Report of Lost, Destroyed, Not Received, or Stolen State Warrant (the following report must be written in ink by the payee) - List Known Facts:			
Payee's Deposition: I (we) _____ being duly sworn, certify the following: (Payee must print name) ● That I (we) am the payee named in the above warrant issued by the State Treasurer and that warrant has not been assigned, transferred or set over by me (us) to anyone and that I (we) am the lawful owner. ● That I (we) have not received, directly or indirectly, the money or any portion of the money in the warrant. ● Based on the above statements, I (we) request that the State Treasurer issue a replacement warrant. ● I (we) agree that if the above warrant is found I (we) will return it promptly to the State Treasurer to be cancelled. ● I (we) understand that if any of the statements in this affidavit are false or misleading, the State Treasurer may demand immediate reimbursement for any funds spent based on my (our) statements. ● I (we) further understand that if any of the false or misleading statements were made with intent to defraud the State of Michigan, the State Treasurer may request prosecution to the full extent of the law.			
ALL INFORMATION BELOW MUST BE IN INK AND ON EACH COPY			
30. Signature of Payee(s) on Warrant (Sign in ink on all copies)			31. Date
32. Notary Signature (Sign in Ink on all copies)	33. Notary Public In and For the Michigan County Of:	34. My Commission Expires:	35. Subscribed and Sworn before me on this date:
36. Notary Stamp	Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.		

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- That I (we) have not received, directly or indirectly, the money or any portion of the money in the warrant.
- Based on the above statements, I (we) request that the State Treasurer issue a replacement warrant.
- I (we) agree that if the above warrant is found I (we) will return it promptly to the State Treasurer to be cancelled.
- I (we) understand that if any of the statements in this affidavit are false or misleading, the State Treasurer may demand immediate reimbursement for any funds spent based on my (our) statements.
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